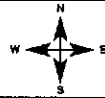


INFORMATION ON ACCIDENT (Con't.)

DIAGRAM INSTRUCTIONS: Fill in names of streets



WAS ACCIDENT REPORTED TO POLICE?

YES NO

POLICE DEPT.

REPORT NO.

ANY CITATIONS?

ANYONE INJURED?

YES NO IF YES, LIST BELOW.

NAME

ADDRESS

PHONE

TYPE OF INJURIES:

THE INJURED PERSON WAS IN

OUR VEHICLE

OTHER VEHICLE

NAME

ADDRESS

TYPE OF INJURIES

THE INJURED PERSON WAS IN

OUR VEHICLE

OTHER VEHICLE

WERE THERE ANY WITNESSES TO THE ACCIDENT?

YES NO IF YES, LIST BELOW.

NAME

ADDRESS

PHONE

NAME

ADDRESS

PHONE

OPINION ON FAULT

IN YOUR OPINION, WHO CAUSED THE ACCIDENT?

IN YOUR OPINION, HOW COULD THE ACCIDENT HAVE BEEN AVOIDED?

IS THERE ANY ADDITIONAL INFORMATION SONY SHOULD KNOW ABOUT THIS ACCIDENT?

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THIS IS AN ACCURATE STATEMENT:

DRIVER'S SIGNATURE

DATE